

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019177

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 16 1962

3026

223

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN RAYTOWN	
Length of stay in 1b 1 DAY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM		d. STREET ADDRESS (If outside, give location) 10301 EAST 61st STREET	
3. NAME OF DECEASED (Type or print) First ROBERT Middle ELMER Last BENNETT		4. DATE OF DEATH Month MAY Day 5th Year 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/2/1913
9. AGE (last birthday) 48		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JEWELER		10b. KIND OF BUSINESS OR INDUSTRY HEILBERG'S DIAMOND SHOPS	
11. BIRTHPLACE (City and state or country) STANBERRY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ROBERT E. BENNETT		13b. MOTHER'S MAIDEN NAME MAUDE U. SHISLER	
14. NAME OF HUSBAND OR WIFE MRS. HAZEL BENNETT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 3		17. INFORMANT MRS. HAZEL BENNETT Address 10301 EAST 61ST RAYTOWN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intra mural Obst. Not known. DUE TO (c) Coronary Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute X Chl Hepatitis - 6 wks		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 4 yrs -	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour 7.05 a.m. p.m. Month, Day, Year MAY 24 - 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7.05 P. to		20f. CITY, TOWN, OR LOCATION INDEPENDENCE, MO.	
21. I attended the deceased from 7.05 P. to and last saw him alive on MAY 5 1962 Death occurred at 7.05 P. to on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Chas E. Rickson Jr MD (Degree or title)	
22b. ADDRESS Independence, Mo.		22c. DATE SIGNED 5-7-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 8, 1962	
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 5-7-62	
26. REGISTRAR'S SIGNATURE Alba L. Craig			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

17005
276032
3
4 C
5 1
6
7 0
8 2
9420.1
10
11
12 1-0
13 1-0

MAY 17 1962

3 1 2 3 4 5 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K 6 Th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Mr. Charles Edward Jackson, Jr. CE 2-7260
Englewood 511 Medical Bldg
2:00-5:00 10901 Kanner Road